


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P29910
 1. Entity Name
SUNBELT MECHANICAL OF ARKANSAS, INC.



| | |
|---|--|
| Principal Place of Business 1515 E. KIEHL SHERWOOD, AR 72120 US | Mailing Address P.O. BOX 6920 SHERWOOD, AR 72124 |
|---|--|

DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

| | |
|----------------------------------|--------------------------------|
| 4. FEI Number 71-0563355 | Applied For Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000783834 01/16/08-80030-017 158.75 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WHITE, B. TERRY 3325 OLD JACKSONVILLE HW NORTH LITTLE ROCK, AR |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BATES, MICHAEL S 1515 E. KIEHL SHERWOOD, AR 72120 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE:  **1-10-08 501-835-8844**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #